
State: District of Columbia **First Filing Company:** Continental Insurance Company, ...
TOI/Sub-TOI: 20.0 Commercial Auto/20.0000 Commercial Auto Combinations
Product Name: Commerical Auto
Project Name/Number: Commercial Auto/16-01320-F

Filing at a Glance

Companies: Continental Insurance Company
American Casualty Company of Reading PA
National Fire Insurance Company of Hartford
Transportation Insurance Company
Valley Forge Insurance Company
Continental Casualty Company

Product Name: Commerical Auto

State: District of Columbia

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0000 Commercial Auto Combinations

Filing Type: Form

Date Submitted: 11/11/2016

SERFF Tr Num: CNAB-130804905

SERFF Status: Assigned

State Tr Num:

State Status:

Co Tr Num: 16-01320-F

Effective Date 01/01/2017

Requested (New):

Effective Date 01/01/2017

Requested (Renewal):

Author(s): Roderick Veranga, Connie Aragonés

Reviewer(s): Angela King (primary)

Disposition Date:

Disposition Status:

Effective Date (New):

Effective Date (Renewal):

State: District of Columbia **First Filing Company:** Continental Insurance Company, ...
TOI/Sub-TOI: 20.0 Commercial Auto/20.0000 Commercial Auto Combinations
Product Name: Commerical Auto
Project Name/Number: Commercial Auto/16-01320-F

General Information

Project Name: Commercial Auto	Status of Filing in Domicile:
Project Number: 16-01320-F	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 11/14/2016	
State Status Changed:	Deemer Date:
Created By: Connie Aragonés	Submitted By: Connie Aragonés
Corresponding Filing Tracking Number:	

Filing Description:

The following forms are being filed as part of the CNA Commercial Auto program. They will replace the corresponding ISO version of the form as shown below:

CNA 85611 XX (01-2017) Business Auto Coverage Part Declarations

These Declaration pages will be used for business auto risks written as part of the CNA Commercial Auto Program. This form replaces ISO Business Auto Declarations form number CA DS 03 10.

CNA 85612 XX(01-2017) Auto Dealers Coverage Part Declarations

These Declaration pages will be used for business auto risks written as part of the CNA Commercial Auto Program. This form replaces ISO Auto Dealers Declarations form number CA DS 26 10.

CNA 85613 XX(01-2017) Motor Carrier Coverage Part Declarations

These Declaration pages will be used for business auto risks written as part of the CNA Commercial Auto Program. This form replaces ISO Motor Carrier Declarations form number CA DS 21 10.

We request an effective date of 01/01/2017.

Company and Contact

Filing Contact Information

Connie Aragonés, Regulatory Filings Technician	Connie.Aragonés@cna.com
333 S. Wabash Ave	312-822-5225 [Phone]
Chicago, IL 60604	

State: District of Columbia
TOI/Sub-TOI: 20.0 Commercial Auto/20.0000 Commercial Auto Combinations
Product Name: Commerical Auto
Project Name/Number: Commercial Auto/16-01320-F

Filing Company Information

Continental Insurance Company	CoCode: 35289	State of Domicile:
333 South Wabash	Group Code: 218	Pennsylvania
37th Floor	Group Name: CNA Insurance	Company Type: Property and
Chicago, IL 60604	Companies	Casualty
(312) 822-4292 ext. [Phone]	FEIN Number: 13-5010440	State ID Number:

American Casualty Company of	CoCode: 20427	State of Domicile:
Reading PA	Group Code: 218	Pennsylvania
333 South Wabash	Group Name: CNA Insurance	Company Type: Property and
37th Floor	Companies	Casualty
Chicago, IL 60604	FEIN Number: 23-0342560	State ID Number:
(312) 822-4292 ext. [Phone]		

National Fire Insurance Company	CoCode: 20478	State of Domicile: Illinois
of Hartford	Group Code: 218	Company Type: Property and
333 South Wabash	Group Name: CNA Insurance	Casualty
37th Floor	Companies	State ID Number:
Chicago, IL 60604	FEIN Number: 06-0464510	
(312) 822-4292 ext. [Phone]		

Transportation Insurance	CoCode: 20494	State of Domicile: Illinois
Company	Group Code: 218	Company Type: Property and
333 South Wabash	Group Name: CNA Insurance	Casualty
37th Floor	Companies	State ID Number:
Chicago, IL 60604	FEIN Number: 36-1877247	
(312) 822-4292 ext. [Phone]		

Valley Forge Insurance Company	CoCode: 20508	State of Domicile:
333 South Wabash	Group Code: 218	Pennsylvania
37th Floor	Group Name: CNA Insurance	Company Type: Property and
Chicago, IL 60604	Companies	Casualty
(312) 822-4292 ext. [Phone]	FEIN Number: 23-1620527	State ID Number:

Continental Casualty Company	CoCode: 20443	State of Domicile: Illinois
333 South Wabash	Group Code: 218	Company Type: Property and
Chicago , IL 60604	Group Name: CNA Insurance	Casualty
(312) 822-4292 ext. [Phone]	Companies	State ID Number:
	FEIN Number: 36-2114545	

Filing Fees

Fee Required?	No
Retaliatory?	No

State: District of Columbia**First Filing Company:** Continental Insurance Company, ...**TOI/Sub-TOI:** 20.0 Commercial Auto/20.0000 Commercial Auto Combinations**Product Name:** Commerical Auto**Project Name/Number:** Commercial Auto/16-01320-F

Fee Explanation:

State:	District of Columbia	First Filing Company:	Continental Insurance Company, ...
TOI/Sub-TOI:	20.0 Commercial Auto/20.0000 Commercial Auto Combinations		
Product Name:	Commerical Auto		
Project Name/Number:	Commercial Auto/16-01320-F		

Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Business Auto Coverage Part Declarations	CNA 85611XX	01-2017	DEC	New			CNA85611XX (01-2017).pdf
2		Auto Dealers Coverage Part Declarations	CNA 85612XX	01-2017	DEC	New			CNA85612XX (01-2017).pdf
3		Motor Carrier Coverage Part Declarations	CNA 85613XX	01-2017	DEC	New			CNA85613XX (01-2017).pdf

Form Type Legend:

ABE	Application/Binder/Enrollment	ADV	Advertising
BND	Bond	CER	Certificate
CNR	Canc/NonRen Notice	DEC	Declarations/Schedule
DSC	Disclosure/Notice	END	Endorsement/Amendment/Conditions
ERS	Election/Rejection/Supplemental Applications	OTH	Other



BUSINESS AUTO COVERAGE PART DECLARATIONS

ITEM ONE

Named Insured and Mailing Address

Named Insured:

Mailing Address:

<See NAMED INSURED ENDORSEMENT>

Form of Business

☐ Corporation

☐ Limited Liability Company

☐ Individual

☐ Partnership

☐ Liability Company

☐ Other:

Policy Information

Policy Number:

Renewal of:

Insurer's Name and Address:

Producer Information

Producer:

Producer Address:

Producer code:

Policy Period

MM/DD/YYYY to MM/DD/YYYY at 12:01 a.m. Standard Time at your mailing address shown above.

Your policy is composed of this Declarations, with the attached Common Policy Conditions, Coverage Forms, and Endorsements, if any. The Policy Forms and Endorsement Schedule shows all the forms applicable to this policy at the time of policy issuance.

Premium, Surcharges, Taxes and Fees at Issuance

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Product Name
[Form Type]

Estimated Business Auto Policy Premium	\$
<surcharge text appears here if applicable>	\$
Total Policy Charges	\$

Premium Payable and Audit, if applicable

Premium Payable At Inception: \$

Audit Period ☐ Annually ☐ Semiannually ☐ Quarterly ☐ Waived ☐ Not Auditable

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this Coverage Part.

Forms and Endorsements Attached to this Policy

See SCHEDULE OF FORMS AND ENDORSEMENTS

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos section of the Business Auto Coverage Form next to the name of the coverage.

Coverages	Covered Auto Symbol	Limit	Premium
Compulsory Bodily Injury		\$ Each Person \$ Each Accident	\$
Covered Autos Liability		\$	\$
Personal Injury Protection (Or Equivalent No-fault Coverage)		Separately Stated in Each Personal Injury Protection Endorsement	\$
Added Personal Injury Protection (Or Equivalent Added No-fault Coverage)		Separately Stated in Each Added Personal Injury Protection Endorsement	\$
Property Protection Insurance (Michigan Only)		Separately Stated in the Property Protection Insurance Endorsement	\$

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Auto Medical Payments		\$ Each Insured	\$
Medical Expense And Income Loss Benefits (Virginia Only)		Separately Stated in the Medical Expense And Income Loss Benefits Endorsement	\$
Uninsured Motorists		See Uninsured/Underinsured Motorist Supplementary Schedule	\$
Underinsured Motorists (When Not Included in Uninsured Motorists Coverage)		See Uninsured/Underinsured Motorist Supplementary Schedule	\$
Physical Damage Comprehensive Coverage		Actual Cash Value or Cost of Repair, whichever is less, minus \$ Deductible for Each Covered Auto, but no deductible applies to Loss caused by Fire or Lightning. See Item Four for Hired or Borrowed Autos.	\$
Physical Damage Specified Causes of Loss Coverage		Actual Cash Value or Cost of Repair, whichever is less, minus \$ Deductible for Each Covered Auto for Loss caused by Mischief or Vandalism See Item Four for Hired or Borrowed Autos.	\$
Physical Damage Collision Coverage		Actual Cash Value or Cost of Repair, whichever is less, minus \$ Deductible for Each Covered Auto See Item Four for Hired or Borrowed Autos.	\$
Physical Damage Towing and Labor		\$ for Each Disablement of a Private Passenger Auto	\$
Premium for Endorsements			\$
Estimated Total Premium			\$

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN

Except for Towing, all Physical Damage Loss is payable to You and the Loss Payee named below according to their interest in the Auto at the time of the Loss.

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For The Coverages Shown for Each Covered Auto, Absence of a deductible or limit entry in any column means that the limit or deductible entry in the corresponding Item Two column applies instead.

Vehicle Number	Garage State	Territory	Model Year	Description	Vehicle Identification Number (VIN)	Cost New	Class Code
1						\$	
2						\$	

Premium-Limits and Deductibles

Vehicle Number	Covered Autos Liability Premium	PIP Premium	Added PIP Premium	PPI (Michigan) Premium	Medical Payments		Uninsured Motorists Premium	Underinsured Motorists Premium
					Limit	Premium		
1	\$	\$	\$	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$	\$	\$	\$

Vehicle Number	Medical Expense Income Loss (VA) Premium	Specified Cause of Loss Premium	Comprehensive		Collision		Towing & Labor Premium	Rental Re Premium	Total Vehicle Prem.
			Deduct	Premium	Deduct	Premium			
1	\$	\$	\$	\$	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$	\$	\$	\$	\$

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

Covered Autos Liability Coverage - Cost of Hire Rating Basis for Autos Used in Your Motor Carrier Operations (Other than Mobile or Farm Equipment)

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State(s)	Covered Autos Liability Coverage	Estimated Annual Cost of Hire	Premium
	<Excess Coverage> <Primary Coverage>	\$	\$
Total Hired Auto Premium			\$

For "autos" used in your motor carrier operations, cost of hire means:

1. The total dollar amount of costs you incurred for the hire of automobiles (includes "trailers" and semitrailers) and, if not included therein,
2. The total remuneration of all operators and drivers' helpers, of hired automobiles, whether hired with a driver by lessor or an "employee" of the lessee, or any other third party, and
3. The total dollar amount of any other costs (e.g., repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles, whether such costs are absorbed by the "insured", paid to the lessor or owner, or paid to others.

Covered Autos Liability Coverage - Cost of Hire Rating Basis for Autos NOT Used in Your Motor Carrier Operations (Other than Mobile or Farm Equipment)			
State(s)	Covered Autos Liability Coverage	Estimated Annual Cost of Hire	Premium
	<Excess Coverage> <Primary Coverage>	\$	\$
Total Hired Auto Premium			\$
For "autos" NOT used in your motor carrier operations, cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.			

Physical Damage Coverages - Cost of Hire Rating Basis for All Autos (Other than Mobile or Farm Equipment)			
Coverages	Limit of Insurance		
Comprehensive	Actual Cash Value or Cost of Repair, whichever is less, minus Deductible shown below for each Covered Auto, but no Deductible applies to Loss caused by Fire or Lightning		
State(s)	Deductible	Estimated Annual Cost of Hire	Premium
	\$	\$	\$
	\$	\$	\$
Specified Cause of Loss	Actual Cash Value or Cost of Repair, whichever is less, minus Deductible shown below for each Covered Auto for Loss caused by Mischief or Vandalism.		
State(s)	Deductible	Estimated Annual Cost	Premium

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		of Hire	
	\$	\$	\$
	\$	\$	\$
Collision	Actual Cash Value or Cost of Repair, whichever is less, minus Deductible shown below for each Covered Auto.		
State(s)	Deductible	Estimated Annual Cost of Hire	Premium
	\$	\$	\$
	\$	\$	\$
Total Hired Auto Premium			\$
For Physical Damage Coverages, cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for any "auto" that is leased, hired, rented or borrowed with a driver.			

Cost of Hire Rating Basis for Mobile or Farm Equipment - Other than Physical Damage Coverages							
Coverage	State	Estimated Annual Cost of Hire for Each State		Estimated Number of Days Equipment will be Rented		Premium	
		Mobile Equipment	Farm Equipment	Mobile Equipment	Farm Equipment	Mobile Equipment	Farm Equipment
Covered Autos Liability - Primary Coverage		\$	\$			\$	\$
Covered Autos Liability - Excess Coverage		\$	\$			\$	\$
Personal Injury Protection		\$	\$			\$	\$
Medical Expense Benefits (Virginia Only)	VA	\$	\$			\$	\$
Income Loss Benefits (Virginia Only)	VA	\$	\$			\$	\$
Auto Medical Payments		\$	\$			\$	\$
Total Hired Auto Premiums						\$	\$
Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include							



charges for services performed by motor carriers of property or passengers.

Cost of Hire Rating Basis for Mobile or Farm Equipment - Physical Damage Coverages					
Coverages	Limit of Insurance				
Comprehensive	Actual Cash Value or Cost of Repair, whichever is less, minus Deductible shown below for each Covered Auto, but no Deductible applies to Loss caused by Fire or Lightning				
State(s)	Deductible	Estimated Annual Cost of Hire for Each State (Excluding Autos Hired with a Driver)		Premium	
		Mobile Equipment	Farm Equipment	Mobile Equipment	Farm Equipment
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
Specified Cause of Loss	Actual Cash Value or Cost of Repair, whichever is less, minus Deductible shown below for each Covered Auto for Loss caused by Mischief or Vandalism.				
State(s)	Deductible	Estimated Annual Cost of Hire for Each State (Excluding Autos Hired with a Driver)		Premium	
		Mobile Equipment	Farm Equipment	Mobile Equipment	Farm Equipment
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
Collision	Actual Cash Value or Cost of Repair, whichever is less, minus Deductible shown below for each Covered Auto.				
State(s)	Deductible	Estimated Annual Cost of Hire for Each State (Excluding Autos Hired with a Driver)		Premium	
		Mobile Equipment	Farm Equipment	Mobile Equipment	Farm Equipment
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
Total Hired Auto Premiums				\$	\$
For Physical Damage Coverages, cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for any "auto" that is leased, hired, rented or borrowed with a driver.					

ITEM FIVE

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Underwriting Company: UWCOMP, UWADDR1 UWADDR2, UWCITY, UWSTATE UWZIP

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SCHEDULE FOR NON-OWNERSHIP COVERED AUTOS LIABILITY

Named Insured's Business	Rating Basis	Number	Premium
Other than Garage Service Operations and Other than Social Service Agencies	Number Of Employees		\$
	Number Of Partners (Active and Inactive)		\$
Social Service Agencies	Number of Volunteers who regularly use Autos to transport Clients		\$
Total Non-ownership Covered Autos Liability Premium			\$

ITEM SIX

SCHEDULE FOR GROSS RECEIPTS OR MILEAGE BASIS

Motor Carrier, Public Auto or Leasing Rental Concerns			
Address of Business Headquarters Location:			
Type Of Risk: <input type="checkbox"/> Public Autos <input type="checkbox"/> Leasing or Rental Concerns			
Rating Basis (Check one): <input type="checkbox"/> Gross Receipts (per \$100) <input type="checkbox"/> Mileage (per Mile)			
Estimated Yearly (Gross Receipts or Mileage):			
Premiums			
Covered Autos Liability	Personal Injury Protection	Added Personal Injury Protection	Property Protection Insurance (Michigan Only)
\$	\$	\$	\$
Auto Medical Payments	Medical Expense And income Loss Benefits (Virginia Only)	Comprehensive	Specified Causes of Loss
\$	\$	\$	\$
Collision		Towing And Labor	
\$		\$	
When used as a premium basis:			
FOR PUBLIC AUTOS			
Gross receipts means the total amount earned by the named insured for transporting passengers, mail and merchandise.			



Gross receipts does not include:

- A. Amounts paid to air, sea or land carriers operating under their own permits.
- B. Advertising revenue.
- C. Taxes collected as a separate item and paid directly to the government.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.

Mileage means the total live and dead mileage of all revenue producing "autos" during the policy period.

FOR RENTAL OR LEASING CONCERNS

Gross receipts means the total amount earned by the named insured for the leasing or renting of "autos" to others without drivers.

Mileage means the total live and dead mileage of all "autos" you leased or rented to others without drivers.

ITEM SEVEN

COMMERCIAL AUTOMOBILE LOSS PAYEE SCHEDULE

This Schedule identifies loss payees provided by the Loss Payable Clause endorsement:

Any Loss Payee that has a financial interest in a covered "auto" for which we are providing physical damage coverage for that covered "auto" under this policy.

ITEM EIGHT

ADDITIONAL INSURED (LESSOR) SCHEDULE

This Schedule applies to the Lessor-Additional Insured And Loss Payee endorsement:

Any Lessor of a covered "auto" for which we are providing any coverage for that covered "auto" under this policy.

Chairman of the Board

Secretary



AUTO DEALERS COVERAGE PART DECLARATIONS

ITEM ONE

Named Insured and Mailing Address

Named Insured:

Mailing Address:

<See NAMED INSURED ENDORSEMENT>

Form of Business

☐ Corporation

☐ Limited Liability Company

☐ Individual

☐ Partnership

☐ Liability Company

☐ Other:

Policy Information

Policy Number:

Renewal of:

Insurer's Name and Address:

Producer Information

Producer:

Producer Address:

Producer code:

Policy Period

MM/DD/YYYY to MM/DD/YYYY at 12:01 a.m. Standard Time at your mailing address shown above.

Your policy is composed of this Declarations, with the attached Common Policy Conditions, Coverage Forms, and Endorsements, if any. The Policy Forms and Endorsement Schedule shows all the forms applicable to this policy at the time of policy issuance.

Premium, Surcharges, Taxes and Fees at Issuance

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Product Name
[Form Type]

Estimated Auto Dealers Policy Premium	\$
<surcharge text appears here if applicable>	\$
Total Policy Charges	\$

Premium Payable and Audit, if applicable

Premium Payable At Inception: \$

Audit Period ☐ Annually ☐ Monthly ☐ Semiannually ☐ Quarterly ☐ Waived ☐ Not Auditable

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this Coverage Part.

Forms and Endorsements Attached to this Policy

See SCHEDULE OF FORMS AND ENDORSEMENTS

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge and limit, if applicable, are shown in the columns below. Each of the "auto"-related coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for the applicable coverages by the entry of one or more of the symbols from Section I - Covered Autos Coverages of the Auto Dealers Coverage Form next to the name of the "auto"-related coverage.

Coverages	Covered Auto Symbol	Limit	Premium
Compulsory Bodily Injury		\$ Each Person \$ Each Accident	\$
Covered Autos Liability		\$ Each Accident	\$
General Liability Bodily Injury and Property Damage Liability		\$ Each Accident	
Damages to Premises Rented to You		\$ Any One Premises	
Personal and Advertising Injury		\$	

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Liability		Any One Person or Organization	
		\$ General Liability Aggregate	
		\$ Products and Work You Performed Aggregate	
Locations and Operations Medical Payments		\$ Any One Person	\$
Personal Injury Protection (or Equivalent No-fault Coverage)		Separately Stated in Each Personal Injury Protection Endorsement	\$
Added Personal Injury Protection (or Equivalent Added No-fault Coverage)		Separately Stated in Each Added Personal Injury Protection Endorsement	\$
Property Protection Insurance (Michigan Only)		Separately Stated in the Property Protection Insurance Endorsement	\$
Auto Medical Payments		\$ Each Insured See ITEM SEVEN for Covered Autos Insured on a Specified Car Basis.	\$
Medical Expense and Income Loss Benefits (Virginia Only)		Separately Stated in the Medical Expense and Income Loss Benefits Endorsement	\$
Uninsured Motorists		See Endorsement	\$
Underinsured Motorists (When not included in Uninsured Motorists Coverage)		See Endorsement	\$
Garagekeepers Comprehensive Coverage		Separately Stated for Each Location in ITEM FIVE	\$
Garagekeepers Specified Causes of Loss Coverage			\$
Garagekeepers Collision Coverage			\$
Physical Damage Comprehensive Coverage		Actual Cash Value or Cost of Repair, whichever is less, minus \$ Deductible for Each Covered Auto, but no deductible applies to Loss caused by Fire or Lightning. See ITEM SIX for Dealers Autos.	\$
Physical Damage Specified Causes of Loss Coverage		Actual Cash Value or Cost of Repair, whichever is less, minus \$ Deductible for Each Covered Auto for Loss caused by Mischief or Vandalism	\$

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		See ITEM SIX for Dealers Autos.	
Physical Damage Collision Coverage		Actual Cash Value or Cost of Repair, whichever is less, minus \$ Deductible for Each Covered Auto See ITEM SIX for Dealers Blanket Collision.	\$
Acts, Errors or Omissions Liability		\$ Aggregate \$ Per Claim Deductible	\$
			\$
Premium for Endorsements			\$
Estimated Total Premium			\$

ITEM THREE

LOCATIONS WHERE YOU CONDUCT AUTO DEALER OPERATIONS

Location Number	Address (State your main business location first.)

ITEM FOUR

LIABILITY AND PERSONAL INJURY PROTECTION (OR EQUIVALENT OR SIMILAR NO-FAULT COVERAGES) - PREMIUMS

Location Number:	35T	
Classes of Operators	Number of Persons	Rating Units
Class I - Employees Regular Operators	35T	35T
Class I - Employees All Others	35T	35T
Class II - Nonemployees Under Age 25	35T	35T
Class II - Nonemployees Age 25 or Over	35T	35T
All Employees (Only for Trailer Dealers)	35T	
Total Rating Units		System Generated Total.
Premiums		

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Covered Autos Liability and General Liability Premium	\$
Personal Injury Protection Premium	\$
Property Protection Insurance Premium (Michigan Only)	\$
Medical Expense Benefits Premium (Virginia Only)	\$
Income Loss Benefits Premium (Virginia Only)	\$
Acts, Errors or Omissions Liability Premium	\$

Covered Autos Liability and General Liability and Personal Injury Protection (or equivalent or similar no-fault coverages) - Premiums for All Locations	\$
---	----

DEFINITIONS

Class I - Employees

Regular Operator: Proprietors, partners and officers active in the "auto dealer operations", salespersons, general managers, service managers, any "employee" whose principal duty involves the operation of covered "autos" or who is furnished a covered "auto"

All Others: All other "employees"

NOTE

1. Part-time "employees" working an average of at least 20 hours a week for the number of weeks worked are to be counted as one rating unit each.
2. Part-time "employees" working an average of less than 20 hours a week for the number of weeks worked are to be counted as 1/2 rating unit each.

Class II - Nonemployees

Any of the following persons who are regularly furnished with a covered "auto": inactive proprietors, partners or officers and their relatives and the relatives of any person described in Class I.

ITEM FIVE

GARAGEKEEPERS COVERAGES AND PREMIUMS

Location Number:			
Coverages	Limit of Insurance and Deductible		Premium
Comprehensive	\$	Limit of Insurance	\$
	\$	Deductible for Each Customer's Auto for Loss Caused by Theft or Mischief or Vandalism	

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	\$	Maximum Deductible for Loss Caused by Theft or Mischief or Vandalism in Any One Event	
	OR		
	\$	Limit of Insurance	
	\$	Deductible for All Perils for Each Customer's Auto	
	\$	Maximum Deductible for All Loss in Any One Event	
Specified Causes of Loss	\$	Limit of Insurance	
	\$	Deductible for Each Customer's Auto for Loss Caused by Theft or Mischief or Vandalism	
	\$	Maximum Deductible for Loss Caused by Theft or Mischief or Vandalism in Any One Event	
	OR		
	\$	Limit of Insurance	
	\$	Deductible for All Perils for Each Customer's Auto	
	\$	Maximum Deductible for All Loss in Any One Event	
Collision	\$	Limit of Insurance	\$
	\$	Deductible for Each Customer's Auto	

Total Garagekeepers Premium for All Locations	\$
---	----

Direct Coverage Options

Indicate below with an "X" which, if any, Direct Coverage Option is selected.

☐ **Excess Insurance**

If this box is checked, Garagekeepers Coverage remains applicable on a legal liability basis. However, coverage also applies without regard to your or any other "insured's" legal liability for "loss" to a "customer's auto" on an excess basis over any other collectible insurance regardless of whether the other insurance covers your or any other "insured's" interest or the interest of the "customer's auto's" owner.

☐ **Primary Insurance**

If this box is checked, Garagekeepers Coverage is changed to apply without regard to your or any other "insured's" legal liability for "loss" to a "customer's auto" and is primary insurance.



ITEM SIX

PHYSICAL DAMAGE COVERAGE - TYPES OF COVERED AUTOS AND INTERESTS IN THESE AUTOS -
PREMIUMS - REPORTING OR NONREPORTING BASIS

Each of the following Physical Damage Coverages that is indicated in ITEM TWO applies only to the types of "autos" and interests indicated below by an "X".

Coverages	Types of Autos		Interests Covered			
	New Autos	Used Autos, Demonstrators and Service Vehicles	Your Interest in Covered Autos You Own	Your Interest Only in Financed Covered Autos	Your Interest and the Interest of any Creditor Named as a Loss Payee	All Interests in any Auto not Owned by You or any Creditor while in Your Possession on Consignment for Sale
Comprehensive						
Specified Causes of Loss						
Collision						

Location Number:			
Coverages	Limit of Insurance and Deductible		Premium
Comprehensive	\$	Limit of Insurance	\$
	\$	Deductible for Each Covered Auto for Loss Caused by Theft or Mischief or Vandalism	
	\$	Maximum Deductible for Loss Caused by Theft or Mischief or Vandalism in Any One Event	
	OR		
	\$	Limit of Insurance	
	\$	Deductible for All Perils for Each Covered Auto	
	\$	Maximum Deductible for All Loss in Any One Event	
Specified Causes of Loss	\$	Limit of Insurance	\$
	\$	Deductible for Each Covered Auto for Loss Caused by Theft or Mischief or	

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		Vandalism	
	\$	Maximum Deductible for Loss Caused by Theft or Mischief or Vandalism in Any One Event	
	OR		
	\$	Limit of Insurance	
	\$	Deductible for All Perils for Each Covered Auto	
	\$	Maximum Deductible for All Loss in Any One Event	

Blanket Collision (All Locations)	\$	Limit of Insurance	\$
	\$	Deductible for Each Covered Auto	

Total Premium for All Locations	\$
---------------------------------	----

Our Limit of Insurance for Loss at Locations other than those stated in ITEM THREE:	
\$	Additional Locations where you store Covered Autos
\$	In Transit

Premium Basis - Reporting (Quarterly or Monthly) or Nonreporting (Indicate basis agreed upon by an "X".)

☐ Reporting Basis (Quarterly or Monthly as indicated below by an "X")

You must report to us on our form the location of your covered "autos" and their total value at each such location. For your main sales location identified as location Number 1, you must include the total value of all covered "autos" you have furnished or made available to yourself, your executives, your "employees" or family members and other Class II - Nonemployees, and covered "autos" that are temporarily displayed or stored at locations other than those stated in ITEM THREE. For your main sales location, you must include the total value of all service vehicles.

Your Reporting Basis Is:

☐ Quarterly

You must give us your first report by the 15th of the fourth month after the policy begins. Your subsequent reports must be given to us by the 15th of every third month. Your reports must contain the value for the last business day of every third month coming within the policy period.

☐ Monthly

You must give us your reports by the 15th of every month. Your reports will contain the total values you had on the last business day of the preceding month.

Premiums will be calculated pro rata of the annual premium for the exposures contained in each report. At the end of each policy year, we will add the monthly premiums or the quarterly premiums to determine your final premium due for the entire policy year. The estimated total premiums shown above will be credited against the final premium due.

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☐ Nonreporting Basis

Stated limit of insurance shown above applies.

ITEM SEVEN

SCHEDULE OF COVERED AUTOS WHICH ARE FURNISHED TO SOMEONE OTHER THAN A CLASS I OR CLASS II OPERATOR OR WHICH ARE INSURED ON A SPECIFIED CAR BASIS

Vehicle Number	Garage State	Territory	Model Year	Description	Vehicle Identification Number (VIN)	Cost New	Class Code
1						\$	
2						\$	

Premium-Limits and Deductibles								
Vehicle Number	Covered Autos Liability Premium	PIP Premium	Added PIP Premium	PPI (Michigan) Premium	Medical Payments		Uninsured Motorists Premium	Underinsured Motorists Premium
					Limit	Premium		
1	\$	\$	\$	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$	\$	\$	\$

Vehicle Number	Medical Expense Income Loss (VA) Premium	Specified Cause of Loss Premium	Comprehensive		Collision		Towing & Labor Premium	Rental Re Premium	Total Vehicle Prem.
			Deduct	Premium	Deduct	Premium			
1	\$	\$	\$	\$	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$	\$	\$	\$	\$

Total Premiums for All Specified Autos	
Covered Autos Liability	\$
Personal Injury Protection	\$

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Added Personal Injury Protection	\$
Property Protection Insurance (Michigan Only)	\$
Auto Medical Payments	\$
Medical Expense and Income Loss Benefits (Virginia Only)	\$
Comprehensive	\$
Specified Causes of Loss	\$
Collision	\$

Covered Auto Number	Person or organization to which the Covered Auto has been furnished (Do not include Covered Autos which have been furnished to Class I or Class II operators.)
	\$
	\$

ITEM EIGHT

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

Covered Autos Liability Coverage - Cost of Hire Rating Basis (Other than Mobile or Farm Equipment)			
State(s)	Liability Coverage	Estimated Annual Cost of Hire for Each State	Premium
	<Excess Coverage> <Primary Coverage>	\$	\$
Total Hired Auto Premium			\$
Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.			

Physical Damage Coverages - Cost of Hire Rating Basis for All Autos (Other than Mobile or Farm Equipment)				
Coverage	State	Limit of Insurance	Estimated Annual Cost of Hire for Each State (Excluding Autos Hired with a Driver)	Premium
Comprehensive		Actual Cash Value or Cost of Repair, whichever is less, minus \$ Deductible for	\$	\$

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		Each Covered Auto, but no Deductible applies to Loss caused by Fire or Lightning		
Specified Causes of Loss		Actual Cash Value or Cost of Repair, whichever is less, minus \$ Deductible for Each Covered Auto for Loss caused by Mischief or Vandalism	\$	\$
Collision		Actual Cash Value or Cost of Repair, whichever is less, minus \$ Deductible for Each Covered Auto	\$	\$
Total Hired Auto Premium			\$	
For Physical Damage Coverages, cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for any "auto" that is leased, hired, rented or borrowed with a driver.				

Cost of Hire Rating Basis for Mobile or Farm Equipment - Other than Physical Damage Coverages							
Coverage	State	Estimated Annual Cost of Hire for Each State		Estimated Number of Days Equipment will be Rented		Premium	
		Mobile Equipment	Farm Equipment	Mobile Equipment	Farm Equipment	Mobile Equipment	Farm Equipment
Covered Autos Liability - Primary Coverage		\$	\$			\$	\$
Covered Autos Liability - Excess Coverage		\$	\$			\$	\$
Personal Injury Protection		\$	\$			\$	\$
Medical Expense Benefits (Virginia Only)	VA	\$	\$			\$	\$
Income Loss Benefits (Virginia Only)	VA	\$	\$			\$	\$
Auto Medical Payments		\$	\$			\$	\$
Estimated Total Hired Auto Premiums						\$	\$
Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.							



Cost of Hire Rating Basis for Mobile or Farm Equipment -Physical Damage Coverages						
Coverage	State	Limit of Insurance	Estimated Annual Cost of Hire for Each State (Excluding Autos Hired with a Driver)		Premium	
			Mobile Equipment	Farm Equipment	Mobile Equipment	Farm Equipment
Comprehensive		Actual Cash Value or Cost of Repair, whichever is less, minus \$ Deductible for Each Covered Auto, but no Deductible applies to Loss caused by Fire or Lightning	\$	\$	\$	\$
Specified Causes of Loss		Actual Cash Value or Cost of Repair, whichever is less, minus \$ Deductible for Each Covered Auto for Loss caused by Mischief or Vandalism	\$	\$	\$	\$
Collision		Actual Cash Value or Cost of Repair, whichever is less, minus \$ Deductible for Each Covered Auto	\$	\$	\$	\$
Total Hired Auto Premium					\$	\$
For Physical Damage Coverages, cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for any auto that is leased, hired, rented or borrowed with a driver.						

ITEM NINE

Covered Autos Liability Premium for Pickup and Delivery of Autos - Nonfranchised Dealers Only	
Number of Driver Trips	Premium
51 - 200 Miles	\$
Over 200 Miles	\$
Total Premium	\$

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ITEM TEN

COMMERCIAL AUTOMOBILE LOSS PAYEE SCHEDULE

This Schedule identifies loss payees provided by the Loss Payable Clause endorsement:

Any Loss Payee that has a financial interest in a covered "auto" for which we are providing physical damage coverage for that covered "auto" under this policy.

ITEM ELEVEN

ADDITIONAL INSURED (LESSOR) SCHEDULE

This Schedule applies to the Lessor-Additional Insured And Loss Payee endorsement:

Any Lessor of a covered "auto" for which we are providing any coverage for that covered "auto" under this policy.

Chairman of the Board

Secretary



MOTOR CARRIER COVERAGE PART DECLARATIONS

ITEM ONE

Named Insured and Mailing Address

Named Insured:

Mailing Address:

<See NAMED INSURED ENDORSEMENT>

Form of Business

☐ Corporation

☐ Limited Liability Company

☐ Individual

☐ Partnership

☐ Liability Company

☐ Other:

Policy Information

Policy Number:

Renewal of:

Insurer's Name and Address:

Producer Information

Producer:

Producer Address:

Producer code:

Policy Period

MM/DD/YYYY to MM/DD/YYYY at 12:01 a.m. Standard Time at your mailing address shown above.

Your policy is composed of this Declarations, with the attached Common Policy Conditions, Coverage Forms, and Endorsements, if any. The Policy Forms and Endorsement Schedule shows all the forms applicable to this policy at the time of policy issuance.

Premium, Surcharges, Taxes and Fees at Issuance

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Estimated Motor Carrier Policy Premium	\$
<surcharge text appears here if applicable>	\$
Total Policy Charges	\$

Premium Payable and Audit, if applicable

Premium Payable At Inception: \$

Audit Period ☐ Annually ☐ Semiannually ☐ Quarterly ☐ Waived ☐ Not Auditable

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this Coverage Part.

Forms and Endorsements Attached to this Policy

See SCHEDULE OF FORMS AND ENDORSEMENTS

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos section of the Motor Carrier Coverage Form next to the name of the coverage.

Coverages	Covered Auto Symbol	Limit	Premium
Compulsory Bodily Injury		\$ Each Person \$ Each Accident	\$
Covered Autos Liability		\$	\$
Personal Injury Protection (Or Equivalent No-fault Coverage)		Separately Stated in Each Personal Injury Protection Endorsement	\$
Added Personal Injury Protection (Or Equivalent Added No-fault Coverage)		Separately Stated in Each Added Personal Injury Protection Endorsement	\$
Property Protection Insurance (Michigan Only)		Separately Stated in the Property Protection Insurance Endorsement	\$
Auto Medical Payments		\$	\$

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		Each Insured	
Medical Expense And Income Loss Benefits (Virginia Only)		Separately Stated in the Medical Expense And Income Loss Benefits Endorsement	\$
Uninsured Motorists		See Uninsured/Underinsured Motorist Supplementary Schedule	\$
Underinsured Motorists (When Not Included in Uninsured Motorists Coverage)		See Uninsured/Underinsured Motorist Supplementary Schedule	\$
Trailer Interchange Comprehensive Coverage		Least of Actual Cash Value, Cost of Repair or: \$ Limit of Insurance	\$
		\$ Deductible for each Covered Trailer	
Trailer Interchange Specified Causes Of Loss Coverage		Least of Actual Cash Value, Cost of Repair or: \$ Limit of Insurance	\$
		\$ Deductible for each Covered Trailer	
Trailer Interchange Collision Coverage		Least of Actual Cash Value, Cost of Repair or: \$ Limit of Insurance	\$
		\$ Deductible for each Covered Trailer	
Physical Damage Comprehensive Coverage		Actual Cash Value or Cost of Repair, whichever is less, minus \$ Deductible for Each Covered Auto, but no deductible applies to Loss caused by Fire or Lightning. See Item Four for Hired or Borrowed Autos.	\$
Physical Damage Specified Causes of Loss Coverage		Actual Cash Value or Cost of Repair, whichever is less, minus \$ Deductible for Each Covered Auto for Loss caused by Mischief or Vandalism See Item Four for Hired or Borrowed Autos.	\$
Physical Damage Collision Coverage		Actual Cash Value or Cost of Repair, whichever is less, minus \$ Deductible for Each Covered Auto See Item Four for Hired or Borrowed Autos.	\$
Physical Damage Towing and Labor		\$ for Each Disablement of a Private Passenger Auto	\$
Premium for Endorsements			\$

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Estimated Total Premium	\$
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ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN

Except for Towing, all Physical Damage Loss is payable to You and the Loss Payee named below according to their interest in the Auto at the time of the Loss.

For The Coverages Shown for Each Covered Auto, Absence of a deductible or limit entry in any column means that the limit or deductible entry in the corresponding Item Two column applies instead.

Vehicle Number	Garage State	Territory	Model Year	Description	Vehicle Identification Number (VIN)	Cost New	Class Code
1						\$	
2						\$	

Premium-Limits and Deductibles

Vehicle Number	Covered Autos Liability Premium	PIP Premium	Added PIP Premium	PPI (Michigan) Premium	Medical Payments		Uninsured Motorists Premium	Underinsured Motorists Premium
					Limit	Premium		
1	\$	\$	\$	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$	\$	\$	\$

Vehicle Number	Medical Expense Income Loss (VA) Premium	Specified Cause of Loss Premium	Comprehensive		Collision		Towing & Labor Premium	Rental Re Premium	Total Vehicle Prem.
			Deduct	Premium	Deduct	Premium			
1	\$	\$	\$	\$	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$	\$	\$	\$	\$

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

Covered Autos Liability Coverage - Cost of Hire Rating Basis for Autos Used in Your Motor Carrier Operations

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(Other than Mobile or Farm Equipment)			
State(s)	Covered Autos Liability Coverage	Estimated Annual Cost of Hire	Premium
	<Excess Coverage> <Primary Coverage>	\$	\$
Total Hired Auto Premium			\$
For "autos" used in your motor carrier operations, cost of hire means: 1. The total dollar amount of costs you incurred for the hire of automobiles (includes "trailers" and semitrailers) and, if not included therein, 2. The total remuneration of all operators and drivers' helpers, of hired automobiles, whether hired with a driver by lessor or an "employee" of the lessee, or any other third party, and 3. The total dollar amount of any other costs (e.g., repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles, whether such costs are absorbed by the "insured", paid to the lessor or owner, or paid to others.			

Covered Autos Liability Coverage - Cost of Hire Rating Basis for Autos NOT Used in Your Motor Carrier Operations (Other than Mobile or Farm Equipment)			
State(s)	Covered Autos Liability Coverage	Estimated Annual Cost of Hire	Premium
	<Excess Coverage> <Primary Coverage>	\$	\$
Total Hired Auto Premium			\$
For "autos" NOT used in your motor carrier operations, cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.			

Physical Damage Coverages - Cost of Hire Rating Basis for All Autos (Other than Mobile or Farm Equipment)			
Coverages	Limit of Insurance		
Comprehensive	Actual Cash Value or Cost of Repair, whichever is less, minus Deductible shown below for each Covered Auto, but no Deductible applies to Loss caused by Fire or Lightning		
State(s)	Deductible	Estimated Annual Cost of Hire	Premium
	\$	\$	\$
	\$	\$	\$
Specified Cause of Loss			
Actual Cash Value or Cost of Repair, whichever is less, minus Deductible shown below for each Covered Auto for Loss caused by Mischief or Vandalism.			



State(s)	Deductible	Estimated Annual Cost of Hire	Premium
	\$	\$	\$
	\$	\$	\$
Collision			
Actual Cash Value or Cost of Repair, whichever is less, minus Deductible shown below for each Covered Auto.			
State(s)	Deductible	Estimated Annual Cost of Hire	Premium
	\$	\$	\$
	\$	\$	\$
Total Hired Auto Premium			\$
For Physical Damage Coverages, cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for any "auto" that is leased, hired, rented or borrowed with a driver.			

Cost of Hire Rating Basis for Mobile or Farm Equipment - Other than Physical Damage Coverages							
Coverage	State	Estimated Annual Cost of Hire for Each State		Estimated Number of Days Equipment will be Rented		Premium	
		Mobile Equipment	Farm Equipment	Mobile Equipment	Farm Equipment	Mobile Equipment	Farm Equipment
Covered Autos Liability - Primary Coverage		\$	\$			\$	\$
Covered Autos Liability - Excess Coverage		\$	\$			\$	\$
Personal Injury Protection		\$	\$			\$	\$
Medical Expense Benefits (Virginia Only)	VA	\$	\$			\$	\$
Income Loss Benefits (Virginia Only)	VA	\$	\$			\$	\$
Auto Medical Payments		\$	\$			\$	\$
Total Hired Auto Premiums						\$	\$
Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include							



charges for services performed by motor carriers of property or passengers.

Cost of Hire Rating Basis for Mobile or Farm Equipment - Physical Damage Coverages					
Coverages	Limit of Insurance				
Comprehensive	Actual Cash Value or Cost of Repair, whichever is less, minus Deductible shown below for each Covered Auto, but no Deductible applies to Loss caused by Fire or Lightning				
State(s)	Deductible	Estimated Annual Cost of Hire for Each State (Excluding Autos Hired with a Driver)		Premium	
		Mobile Equipment	Farm Equipment	Mobile Equipment	Farm Equipment
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
Specified Cause of Loss	Actual Cash Value or Cost of Repair, whichever is less, minus Deductible shown below for each Covered Auto for Loss caused by Mischief or Vandalism.				
State(s)	Deductible	Estimated Annual Cost of Hire for Each State (Excluding Autos Hired with a Driver)		Premium	
		Mobile Equipment	Farm Equipment	Mobile Equipment	Farm Equipment
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
Collision	Actual Cash Value or Cost of Repair, whichever is less, minus Deductible shown below for each Covered Auto.				
State(s)	Deductible	Estimated Annual Cost of Hire for Each State (Excluding Autos Hired with a Driver)		Premium	
		Mobile Equipment	Farm Equipment	Mobile Equipment	Farm Equipment
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
Total Hired Auto Premiums				\$	\$
For Physical Damage Coverages, cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for any "auto" that is leased, hired, rented or borrowed with a driver.					

SCHEDULE FOR NON-OWNERSHIP COVERED AUTOS LIABILITY

Rating Basis	Number	Premium
Number Of Employees		\$
Number Of Partners (Active and Inactive)		\$
Total Non-ownership Covered Autos Liability Premium		\$

ITEM SIX

TRAILER INTERCHANGE COVERAGE

Coverages	Limit Of Insurance	Estimated Premium
Comprehensive	Stated In ITEM TWO	\$
Specified Causes Of Loss		\$
Collision		\$
Total Trailer Interchange Premium		\$

ITEM SEVEN

SCHEDULE FOR GROSS RECEIPTS OR MILEAGE BASIS

Motor Carrier, Public Auto or Leasing Rental Concerns			
Address of Business Headquarters Location:			
Type Of Risk: <input type="checkbox"/> Motor Carriers <input type="checkbox"/> Public Autos <input type="checkbox"/> Leasing or Rental Concerns			
Rating Basis (Check one): <input type="checkbox"/> Gross Receipts (per \$100) <input checked="" type="checkbox"/> Mileage (per Mile)			
Estimated Yearly (Gross Receipts or Mileage):			
Premiums			
Covered Autos Liability	Personal Injury Protection	Added Personal Injury Protection	Property Protection Insurance (Michigan Only)

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\$	\$	\$	\$
Auto Medical Payments	Medical Expense And income Loss Benefits (Virginia Only)	Comprehensive	Specified Causes of Loss
\$	\$	\$	\$
Collision	Towing And Labor		
\$	\$		

When used as a premium basis:

FOR MOTOR CARRIERS

Gross receipts means the total amount earned by the named insured for shipping or transporting property, regardless of whether you or any other carrier originates the shipment or transportation. Gross receipts includes the total amount received from renting equipment, with or without drivers, to any person or organization not engaged in the business of transporting property for hire by "auto" and 15% of the total amount received from renting any equipment, with or without drivers, to any person or organization engaged in the business of transporting property for hire by "auto". Gross receipts does not include:

- A. Amounts you paid to air, sea or land carriers operating under their own permits.
- B. Advertising revenue.
- C. Taxes collected as a separate item and paid directly to the government.
- D. C.O.D. collections for cost of merchandise including collection fees.
- E. Warehouse storage fees.

FOR PUBLIC AUTOS

Gross receipts means the total amount earned by the named insured for transporting passengers, mail and merchandise.

Gross receipts does not include:

- A. Amounts paid to air, sea or land carriers operating under their own permits.
- B. Advertising revenue.
- C. Taxes collected as a separate item and paid directly to the government.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.

Mileage means the total live and dead mileage of all revenue producing "autos" during the policy period.

FOR RENTAL OR LEASING CONCERNS

Gross receipts means the total amount earned by the named insured for the leasing or renting of "autos" to others without drivers.

Mileage means the total live and dead mileage of all "autos" you leased or rented to others without drivers.

ITEM EIGHT

COMMERCIAL AUTOMOBILE LOSS PAYEE SCHEDULE

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This Schedule identifies loss payees provided by the Loss Payable Clause endorsement:

Any Loss Payee that has a financial interest in a covered "auto" for which we are providing physical damage coverage for that covered "auto" under this policy.

ITEM NINE

ADDITIONAL INSURED (LESSOR) SCHEDULE

This Schedule applies to the Lessor-Additional Insured And Loss Payee endorsement:

Any Lessor of a covered "auto" for which we are providing any coverage for that covered "auto" under this policy.

Chairman of the Board

Secretary

State:	District of Columbia	First Filing Company:	Continental Insurance Company, ...
TOI/Sub-TOI:	20.0 Commercial Auto/20.0000 Commercial Auto Combinations		
Product Name:	Commerical Auto		
Project Name/Number:	Commercial Auto/16-01320-F		

Supporting Document Schedules

Bypassed - Item:	Readability Certificate
Bypass Reason:	Declaration pages
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consulting Authorization
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Copy of Trust Agreement
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	